19525 WEST NORTH AVENUE			
BROOKFI ELD 53045 Phone: (262) 785-1114	ļ	Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	120	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	114	Average Daily Census:	112
***************	*********	************	************

Services Provided to Non-Residents		Age, Sex, and Primary Diagr	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Pri mary Di agnosi s	<u>-</u>	Age Groups	%	Less Than 1 Year	57. 9
Supp. Home Care-Personal Care	No			i	i	1 - 4 Years	28. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.4	More Than 4 Years	13. 2
Day Services	No	Mental Illness (Org./Psy)	7. 0	65 - 74	7. 9		
Respite Care	No	Mental Illness (Other)	2. 6	75 - 84	33. 3	'	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	45.6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	8.8	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	1. 8	ĺ	[Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	7. 0	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	7. 9	65 & 0ver	95. 6		
Transportati on	No	Cerebrovascul ar	7. 0	'		RNs	16. 5
Referral Service	No	Di abetes	2. 6	Sex	%	LPNs	9. 3
Other Services	No	Respi ratory	6. 1		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	57. 9	Male	27. 2	Aides, & Orderlies	37. 7
Mentally Ill	No	İ		Female	72.8		
Provi de Day Programming for		İ	100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care]	Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	22	100. 0	312	5	12. 5	131	0	0. 0	0	1	2. 2	218	0	0. 0	0	6	100. 0	358	34	29. 8
Skilled Care	0	0.0	0	34	85. 0	112	0	0.0	0	45	97.8	195	0	0.0	0	0	0.0	0	79	69. 3
Intermediate				1	2. 5	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Venti l ator- Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100. 0		40	100.0		0	0.0		46	100.0		0	0.0		6	100. 0		114	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditions	, Services, and	Activities as of	12/31/01
8 1 8		[% Ne	edi ng		Total
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally	Number of
Private Home/No Home Health	1. 7	Daily Living (ADL)	Independent	One Or '	Γwo Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1.8	7	0. 2	28. 1	114
Other Nursing Homes	0.3	Dressi ng	4. 4	6	4. 0	31. 6	114
Acute Care Hospitals	97.8	Transferring	12. 3	6	3. 2	24. 6	114
Psych. HospMR/DD Facilities	0.0	Toilet Use	12. 3	6	2. 3	25. 4	114
Rehabilitation Hospitals	0.0	Eating	71. 9	1	3. 2	14. 9	114
Other Locations	0. 2	**************************************	*********	******	******	******	******
Total Number of Admissions	604	Continence			ecial Treatments		%
Percent Discharges To:		Indwelling Or Externa		14. 0	Receiving Respira	atory Care	10. 5
Private Home/No Home Health	28. 9	Occ/Freq. Incontinent	of Bladder		Recei vi ng Tracheo		0. 0
Private Home/With Home Health	29. 6	0cc/Freq. Incontinent	of Bowel	31.6	Recei ving Suction	ni ng	0. 9
Other Nursing Homes	3. 3]	Receiving Ostomy	Care	2. 6
Acute Care Hospitals	8. 9	Mobility			Recei vi ng Tube Fo		3. 5
Psych. HospMR/DD Facilities	0. 0	Physically Restrained		0.0	Recei vi ng Mechani	ically Altered Di	ets 23.7
Rehabilitation Hospitals	0.0						
Other Locations	10. 9	Skin Care			her Resident Cha		
Deaths	18. 3	With Pressure Sores			Have Advance Dire	ectives	94. 7
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	605			1	Receiving Psycho	active Drugs	42. 1

	Thi s	Other H	lospi tal -		Al l
	Facility	Based Facilities		Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93. 3	88. 1	1. 06	84. 6	1. 10
Current Residents from In-County	64. 9	83. 9	0. 77	77. 0	0.84
Admissions from In-County, Still Residing	7. 5	14. 8	0. 50	20. 8	0. 36
Admissions/Average Daily Census	539. 3	202. 6	2. 66	128. 9	4. 18
Discharges/Average Daily Census	540 . 2	203. 2	2. 66	130. 0	4. 15
Discharges To Private Residence/Average Daily Census	316. 1	106. 2	2. 98	52. 8	5. 99
Residents Receiving Skilled Care	99. 1	92. 9	1. 07	85. 3	1. 16
Residents Aged 65 and Older	95. 6	91. 2	1. 05	87. 5	1. 09
Title 19 (Medicaid) Funded Residents	35. 1	66. 3	0. 53	68. 7	0. 51
Private Pay Funded Residents	40. 4	22. 9	1. 76	22. 0	1.83
Developmentally Disabled Residents	0.0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	9. 6	31. 3	0. 31	33. 8	0. 29
General Medical Service Residents	57. 9	20. 4	2. 84	19. 4	2. 98
Impaired ADL (Mean)*	52. 5	49. 9	1. 05	49. 3	1.06
Psychological Problems	42. 1	53. 6	0. 79	51. 9	0. 81
Nursing Care Required (Mean)*	6. 9	7. 9	0. 87	7. 3	0.94